

Microbial Reporting Form

Public Water System Name:	
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	Name:	

Results To	City:		

Phone #:	Other Contact:
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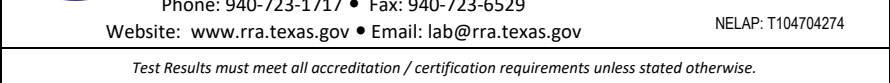
Sampler Name (Print):	Signature:
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Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

[illegible][illegible][illegible]

										pm		
										am		
										pm	<input type="checkbox"/>	

										pm			
Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule										* Special and Construction samples are NOT FC			



Sample Iced?				Relinquished By (Sampler):	Date / Time:
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Print Name (or Initials & E-mail)	Date / Time

°C		Date / Time:
Corrected Temp	Received By (Courier, if applicable):	Date / Time:

IDEXX Lot(s)	Received By (Lab):	Date / Time:
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Tested By:	Date:	Date:
	Time:	Time:
Laboratory Approval:	Date:	Date:
	Time:	Time:

Chlorine Residual		Lab Results	
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"T" for Total. (mg/L)	Please Resubmit	Chlorine ✓		Total Coliform		E. Coli		Laboratory Sample ID
		Absent	Present	Absent	Present	Absent	Present	

	F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	T								
	F								

	T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	T								

[illegible]

	F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	T								

IPR COMPLIANCE: Lab Rejected Code (LR) - Document Reason: